

Henderson County Emergency Management
Special Needs Registry
211 First Avenue East
Hendersonville, NC 28792

HENDERSON COUNTY SPECIAL NEEDS REGISTRY

Phone: 828-697-4728
Fax: 828-698-6164

_____	_____	_____	_____	<input type="checkbox"/> Male
Last Name	First Name	MI	Date of Birth MM/DD/YYYY	<input type="checkbox"/> Female
_____	_____	_____	_____	_____
Street Address	City	State	Zip	Primary Phone
_____	_____	_____	_____	_____
Fire District	Language			Alternate Phone
Living Situation (check one)	<input type="checkbox"/> Live Alone	<input type="checkbox"/> With Spouse/Significant Other	<input type="checkbox"/> With Children	<input type="checkbox"/> With Parents

Other (Explain) _____

Medical History (Check and complete all that apply to the registrant's condition.)

Allergies Asthma/Emphysema/COPD Bedridden

Developmentally Disabled G-tube Feeders Hearing Impaired Insulin Dependent IV Medication Medications (Explain Below)

Memory Impaired (Explain Below) Mental Health Condition Ostomy Care Oxygen Concentrator or Ventilator Continuous Intermittent

Physically Disabled Portable Oxygen Machine Refrigeration fro Medication Required or Life-Sustaining Equipment Seizures

Special Dietary Needs Speech Impaired Suction Machine Vision Impaired Walker Wheelchair Bound

Other (Explain) _____

Explain any that have been checked above. List all known diagnoses, medications, etc.

Disaster Plan Stay with family or others Stay at home Evacuate to a shelter Type Needed _____

Will bring a service animal or pet to the shelter. Other (Explain) _____

Emergency Contact Information and Medical Provider Information (Fill in all that apply)

_____	_____	_____	_____
Emergency Contact	Work Phone	Home Phone	Cell Phone
Physician Name	_____	Phone	_____
Pharmacy Name	_____	Phone	_____
Home Health Care Agency (or personal caregiver)	_____	Phone	_____
Respiratory Equipment Provider (if applicable)	_____	Phone	_____